

**Opening Statement of Chairman Tom Davis**  
**Committee on Government Reform**  
**“The Next Flu Pandemic: Evaluating U.S. Readiness”**  
**June 30, 2005**

Good morning. I want to welcome everyone to today’s oversight hearing to evaluate the United States’ ability to respond to the threat of a global influenza pandemic. This is the Committee’s fifth hearing over the past two years on issues surrounding influenza and our public health system’s preparedness levels.

The past few annual influenza seasons, as well as recent spread of avian flu across Asia, have raised the urgent question of whether the U.S. is prepared to deal with the threat of a flu pandemic. Today, we will assess our public health system’s response capabilities at the federal, state, and local levels, and determine what additional measures are needed in order to improve preparations and reduce the risks posed by an avian flu outbreak.

The experts tell us the next flu pandemic is a matter of when, not if. No one knows exactly when it might strike, or whether the next worldwide pandemic will be a version of the avian flu— which you will hear today referred to as H5N1, or “avian influenza A” - or a different influenza strain.

What is not up for debate is that the stakes – in dollars, resources, and in human lives – are enormous. According to experts, the next pandemic could be worse than the Spanish Flu, which is estimated to have caused the deaths of 40-50 million people worldwide from 1918-1919. Given the global integration of today’s economic markets, and the capacity for rapid travel from one corner of the globe to another, a pandemic could move around the world in the same amount of time it takes to fly from New York to Tokyo. This occurred in the case of the SARS outbreak two years ago.

In the estimation of several international scientists, including U.S. public health officials, a flu pandemic is the largest public health threat facing the world today. Flu pandemics generally occur three to four times per century, when novel flu strains emerge and are readily transmitted from person to person. There is a strong feeling among public health officials that the next one is imminent.

Today we will examine what actions and planning procedures have been, and still need to be, taken at federal, state, and local levels to adequately handle a global communicable disease outbreak. Early detection of new strains and the rapid development of effective vaccines are important keys to defending the public against the flu, and anticipating potential outbreaks.

The World Health Organization (WHO), the Centers for Disease Control Prevention (CDC) and other public health organizations have been conducting surveillance in Asia where H5N1 is now circulating, and to date has infected and killed more than 50 people in Vietnam, Cambodia and Thailand. The H5N1 flu strain is extremely virulent, and most humans lack immunity.

Why is this surveillance so important? As we have heard in previous testimony before this Committee, flu vaccines become obsolete following each season and require constant reformulation. Once the next pandemic flu strain has been identified, a vaccine would take at least four months to produce. Furthermore, only a few countries have flu vaccine production facilities, and the U.S. is not among them.

Antiviral medications, which could help alleviate symptoms of those who contract the pandemic flu virus and help reduce mortality levels, are considered a strong first line of defense until a vaccine can be produced and administered. But the United States has only contracted for, or stockpiled (in its “Strategic National Stockpile”), enough courses of the antiviral Tamiflu to cover 5.3 million Americans, significantly short of the WHO’s guideline of 25 percent of the population. Let me do the math for you: We’re about 62 million people under the WHO guidelines.

These statistics are disconcerting, and we will be asking our government witnesses today if we should be doing more to protect Americans against the threat of avian flu.

I understand some of our witnesses this morning will express concerns about our preparedness levels and federal funding for states and localities. I look forward to a constructive dialogue regarding those concerns. I know we all share the same goal at the end of the day: A public health system that is adequately prepared and equipped to deal with an outbreak of a deadly and contagious disease. And we must not only be preparing for the likely course of events, but we have to be expecting, and be able to adjust to, the unexpected.

We have a great selection of witnesses to provide testimony this morning. Dr. James LeDuc, Dr. Anthony Fauci, and Dr. Bruce Gellin from the Department of Health and Human Services will discuss efforts being taken at the federal level to plan and prepare for a flu pandemic. They will also describe preparedness coordination efforts with state and local authorities.

Joining us on our second panel will be Dr. Marcia Crosse of GAO who will discuss lessons learned from previous annual flu seasons that can be applied to pandemic preparedness. Ms. Mary Selecky, Washington State Secretary of Health, will be testifying today on behalf of the Association of State and Territorial Health Officials to provide an assessment of state and local public health departments’ ability to respond adequately to a flu pandemic. Dr. Shelley Hearne, Executive Director of Trust for America’s Health, which recently produced a noteworthy report that provided an assessment of improvements to the public health system and remaining vulnerabilities. We also invited the two companies who partnered together to research and develop the antiviral Tamiflu, Gilead Sciences, Inc. and Hoffman-La Roche, Inc. to discuss antiviral production capacities and pandemic planning. Dr. John Milligan, Executive Vice President and CFO of Gilead, and Mr. George Abercrombie, President and CEO of Hoffman La-Roche will be joining us to discuss a recent dispute over the Tamiflu license and what impact, if any, it might have on pandemic preparedness. We welcome all the witnesses and their testimony today.